

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101398202

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1					
3	2					
4	1					
5	0					
6	0					
7						
8	0					
9	0					
10	0					
11	0	1				
12	1		1			
13	1					
14	2					
15	1					
16	0					
17	0					
18	0					
19	0					
20	0					
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TOTAL IND.			2			
TOTAL DEP.			20			
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				2		
TOTAL DEP.				20		
TOTAL CLAIMS			22			